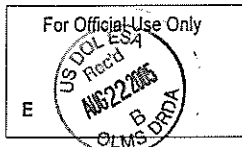


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- <u>13699</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>Ronald E Kastner</u>  P.O. Box, Bldg., Room No., if any  Street <u>14808 Ridgewood Dr.</u> City <u>Oak Forest</u> State <u>Illinois</u> ZIP Code + 4 <u>60452-1755</u>	4. Name, file number, and address of labor organization. Name <u>Electrical Workers IBEW AFL-CIO</u> Labor Organization File Number <u>541-187</u>  P.O. Box, Building and Room Number, if any <u>Suite 422</u> Street <u>1307 Butterfield Rd</u> City <u>Downers Grove</u> State <u>Illinois</u> ZIP Code + 4 <u>60515</u>
5. Position in labor organization. <u>President- Business Manager + Financial Secretary</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.    7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Ronald E. Kastner

On

8.5.05

Date

630-222-9113

Telephone Number

Name of Person Filing <b>Ronald E. Kastner</b>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <b>Dowd, Bloch, Bennett</b></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <b>19th Floor</b></p> <p>Street <b>8 South Michigan</b></p> <p>City <b>Chicago</b></p> <p>State <b>Illinois</b> ZIP Code + 4 <b>60603</b></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>11.a. Nature of such dealing.</p> <p style="font-size: 1.2em;"><b>Legal assistance</b></p> <hr/> <p>11.b. Approximate dollar value of such dealing. <b>\$164,487.49</b></p> <p>12.a. Nature of interest held or income received.</p> <p style="font-size: 1.2em;"><b>Gift of popcorn.</b></p> <hr/> <p>12.b. Amount. <b>\$50 -</b></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>

LOCAL UNION 21

# International Brotherhood of Electrical Workers

RONALD E. KASTNER  
President-Business Manager &  
Financial Secy

RICK GESSLER  
Vice President  
Assistant Business Manager



LINDA COX  
Recording Secretary

JACQUIE FIELDS  
Treasurer



August 5, 2005

US Department of Labor  
Employment Standards Administration  
Office of Labor Management Standards  
200 Constitution Ave., Room N-5616  
Washington, DC 20210

RE: **Form LM-30 Filing for 2004**

Gentlemen:

The transactions, dealings and interests that are detailed in the attached Form LM-30 represent my good faith effort to reconstruct the reportable occurrence for the period January 1, 2004 to December 31, 2004 fiscal year. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted.

Sincerely,

A handwritten signature in black ink that reads "Ronald E. Kastner".

Ronald E. Kastner  
President-Business Manager &  
Financial Secretary

REK/jp  
Enc.